



TROY LOCAL DEVELOPMENT CORPORATION

518.279.7166

Application for Main Street Grant Funding Assistance

Applicant / Owner Information

Name _____

Address _____

Mailing Address _____

(If different from above)

Project Address _____

E-mail Address _____

Telephone _____

Project Description:

Tax Parcel # _____

Total Square Footage _____

Brief description of all proposed activities (including land/building acquisition, demolition, new construction, rehabilitation)

Existing Building Description:

	Excellent	Good	Deteriorated	Do not exist
HVAC systems				
Smoke and heat protection systems				
Sprinkler systems				
Emergency signage/lighting				
Security systems				
Energy efficient improvements				
Window/Door conditions				
Elevators				
Stairwells				

IT systems				
Fire ratings between occupancies				
Asbestos				
Mold				
Electrical systems				
Plumbing systems				

How many residential units are in the building? _____

How many commercial units are in the building? _____

Accessibility to Public: Front exterior visible from public road: Yes or No

Existing Building Uses:

1st Floor _____

Upper Floors _____

Basement Floor _____

Original Use _____ Present Use _____

Proposed Building Uses:

1st Floor _____

Upper Floors _____

Basement Floor _____

If applicant is a business, please provide the following information:

Existing ☐ Proposed ☐ New ☐

Business Information

Business Name _____

Business Address _____

Business Phone Number _____

Federal Tax ID Number _____

Number of Years in Business _____

Business Type: Sole Proprietorship ☐ Partnership ☐ Corporation ☐
Date of Incorporation _____

Please complete the Employment Plan attached.

(List all owners, officers, and partners, use additional sheets if necessary)

1.) Owner Name _____

Street Address_____

Phone_____

E-mail Address_____

2.) Owner Name_____

Street Address_____

Phone_____

E-mail_____

Preliminary Financial Information

Estimated Total Project Costs: _____

Main Street Funds Requested:_____

Seeking funding from other City programs: ☐ EDAP \$_____ ☐ 50/ 50 Grant \$_____ ☐ Empire Zone

Private Source of Funds_____

Amount

Use of Funds

\$ _____

\$ _____

\$ _____

Signature:

(I certify to the truth of my statements above and authorize the City of Troy to obtain my personal credit reports in connections with this application. If it does so, upon request, I will be informed of that fact and each credit bureau’s name and address. I also authorize the City of Troy to verify with others information contained in this application.)

Your Signature_____ **Date**_____